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BOROUGH OF WILTON

*Annual Report of the  
Medical Officer of Health  
for the Year 1961*





## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

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*To the Mayor, Aldermen and Councillors of the Borough of Wilton*

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1961. The report follows the lines suggested in the Ministry of Health Circular 1962 on the scope of of Annual Reports of Medical Officers of Health.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues, and particularly to Mr. W. E. Ramm, Public Health Inspector (who is also Borough Surveyor), and to my colleagues the General Medical Practitioners and Health Visitors in Wilton, and to Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

*Medical Officer of Health.*

18th May, 1962.



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## INTRODUCTORY SUMMARY

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Attention is drawn to the following sections of the Report.

### **A. In the Vital Statistics Section.**

- (1) The substantial fall in the death rate from 12·7 last year to 10·3 (standardised) in the Borough.
- (2) The Infant Mortality Rate (deaths per 1,000 live births) is on the high side (at 31·8) after being nil last year, again illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The “nil” Maternal Mortality Rate, as was the case last year.
- (4) The “nil” Tuberculosis Mortality Rate, again as last year.
- (5) A decrease in the Cancer death rate from 2·3 to 0·8 per 1,000.

### **B. In the Communicable Disease Section.**

- (1) The fortunate position of the Borough concerning notified communicable disease, only 1 case being notified during the year, apart from measles (101 cases).
- (2) The continued need for more, and earlier, diphtheria, tetanus, whooping cough and small pox immunisation of children, which must not be put in the background by the advent of large scale Poliomyelitis immunisation.

### **C. Environmental Public Health and Food Hygiene.**

- (1) As for many years, the satisfactory quality of the Borough's water supply, except for the low fluoride content. The desirability of enriching this fluoride content as soon as Central Government permits this.
- (2) The continued need for more housing accommodation, as is also the case in the surrounding Rural District. At the end of the year there was still a waiting list of 110 for Council Houses. The difficulty of providing this accommodation at present costs, at rents which workers at local rates of pay can afford ; also without further serious encroachment upon agricultural land unless by multi-storey blocks of flats.
- (3) The need for more publicity and “Health Education” concerning the public health demerits of heavy smoking, and to counter the great onslaught upon adolescents which has been launched lately by Tobacco advertisers, both because of the financial effect of the habit and the greater risk of stimulating the growth of lung cancer. As in the case of fluoride enrichment of weak water supplies, a stronger lead from Central Government would be appreciated.





## STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	F. John G. Lishman, M.D. (Hygiene), B.S. (London), D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England). L.M.C.C. (Canada). Office address : 26 Endless St., Salisbury. (Telephone : Salisbury 5201.) Residence : Till Orchard, Berwick-St.-James. (Telephone : Stapleford 269.)
Public Health Inspector ...	W. E. Ramm, M.R.S.A., M.P.H.A. (also Borough Surveyor).
Clerks (Wilton Office) ...	Miss P. Noble, Miss Yvonne Newell, Mr. Patrick O'Neill. (Salisbury Office, M.O.H.) Miss R. Dare (resigned 23-1-61), Miss S. Barrett (as from 21-1-61).

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

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## GENERAL STATISTICS

Area of Borough, in acres : 2,681.  
Population—1961 Census : 3,404 (Males 1661, Females 1,743).  
Population—Registrar General's Estimate for midyear : 3,870.  
Density of Population—people per acre : 1.3.  
Number of inhabited houses or flats : 930.  
Number of Council houses or flats at the end of the year : 308.  
Number of applications for Council Houses still outstanding at end of year : 110.  
Rateable Value : £48,594.  
Product of a Penny Rate : £186.  
Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Pedagogy, Military Activities.

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## GENERAL ADMINISTRATION DURING THE YEAR.

[There has been no great change in the Public Health Department, under this heading, during the year, but the inspection of premises selling milk retail, and the sampling and analysis of retailed milk, which had been discontinued on transfer of these functions to the County Council in October, 1960, were resumed in November, 1961, following the acceptance by the Borough Council of an agency scheme offered by the Wiltshire County Council.

## VITAL STATISTICS

In accordance with the request in Ministry of Health Circular No. 22/1958, the layout of the Tables in this Section, which include certain additional vital statistics regarding infants, has been recast.

TABLE I. BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY.

					Male	Female	Total
Live Births	Legitimate	..	..	..	29	33	62
	Illegitimate	..	..	..	0	1	1
Total					29	34	63
Crude Live Birth Rate per 1,000 population					..	..	16.2
Comparability Factor for Births					..	..	0.99
*Standardized Live Birth Rate					..	..	16.1
					Male	Female	Total
Still Births	Legitimate	..	..	..	0	0	0
	Illegitimate	..	..	..	0	0	0
Total					0	0	0
Total Live and Still-births					29	34	63
Still Births, rate per 1,000 live and still-births					0	0	0
					Male	Female	Total
Infant Deaths—	Legitimate	..	..	..	1	1	2
	Illegitimate	..	..	..	0	0	0
Total					1	1	2
Infant Mortality Rate per 1,000 live births—*Legitimate					..	..	31.8
†Illegitimate					..	..	31.8
Total					..	..	31.8
For comparison—Infant Mortality Rate, England and Wales(previous year)							21.7
Infant Mortality Rate, Wiltshire (previous year)							19.4
Neo-Natal Deaths under one month old (first four weeks)	—Legitimate				1	1	2
	Illegitimate	..			0	0	0
Total					1	1	2
Neo-Natal mortality rate (per 1,000 live births)					..	..	31.8
					Male	Female	Total
Peri-Natal Deaths (under one week)—	Legitimate	..	..		1	1	2
	Illegitimate	..	..		0	0	0
Total					1	1	2
Peri-Natal Mortality Rate (per 1,000 live births) Legitimate					1	1	31.8
Illegitimate					0	0	0
Total					1	1	31.8

\*The Standardized Rate is the Crude Rate multiplied by the Comparability Factor, which is calculated by the Registrar General to enable populations of differing age and sex constitution to have their various "rates" compared on an equivalent basis.



Illegitimate live births per cent of total live births .. .. .	4.0
Maternal deaths (including abortion) .. .. .	0.0
Maternal mortality rate per 1,000 live and still-births.. .. .	Nil

Note

\*Legitimate I.M.R. =  $\frac{\text{Legitimate deaths under one year}}{\text{Legitimate live births}} \times 1000$   
 †Illegitimate I.M.R.=  $\frac{\text{Illegitimate deaths under one year}}{\text{Illegitimate live births}} \times 1000$

This recast table includes two “Specific Mortality Rates”(the I.M.R. and the N.N.M.R.) which are generally considered to be important inverse Public Health indices, formerly included in Table III.

**Comment on Table I.**

The following series shows just how erratic the I.M.R. can be in Wilton over a period of years :—

1953— 0	1957— 0
1954— 83.3	1958—17.6
1955— 24.4	1959— 0
1956— 0	1960— 0.
	1961—31.8

As pointed out in previous reports, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, so big annual fluctuations must be expected in a Borough of this size.

TABLE II. DEATHS AND DEATH RATES

	Male	Female	Total
Number of Deaths .. .. .	15	17	32
Crude Death Rate, per 1,000 population .. .. .			8.2
Registrar General’s Comparability Factor for deaths .. .. .			1.25
(This indicates that the age distribution of the population is very slightly younger than that for England and Wales. This change occurred in 1958. Formerly the age distribution of the Borough was just on the “elderly” side of the average, as is indicated by the then C.F. of 0.98).			
Death Rate as standardized by Comparability Factor			10.3
Death Rate for England and Wales for comparison (previous year)			11.5
Previous year’s Death Rate for Wiltshire County (previous year)			10.25

**Comment :** The “standardized” death rate for the Borough shows a decrease. This change while less “chancy” than is the case with the wildly fluctuating I.M.R. must nevertheless be regarded in relation to the relatively small population and number of deaths.

**Natural Increase**

Increase of live births over deaths during the year .. .. .	31.0
Rate of Natural Increase per 1,000 population .. .. .	8.0

TABLE III. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE  
"HEALTH INDEX" INTEREST  
(Rates per 1,000 population, except for Maternal Mortality Rate).

(1)	Deaths due to tuberculosis (all forms) (both sexes)	..	..	..	0
	Tuberculosis Death Rate	..	..	..	0
	For comparison—Wiltshire (previous year)	..	..	..	0·036
(2)	Deaths from Cancer and related malignant diseases	..	..	..	3
	Cancer Death Rate	..	..	..	0·8
	Death from Lung Cancer	..	..	..	1·
	Lung Cancer Death Rate	..	..	..	0·3
(3)	Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	24
	Specific death rate from circulatory system diseases	..	..	..	6·2
(4)	Maternal Mortality Rate	..	..	..	0
(5)	Deaths from Suicide	..	..	..	0
	Death Rate	..	..	..	0
(6)	Deaths from Motor Vehicle Accidents	..	..	..	0
	Death Rate	..	..	..	0

COMMENT ON TABLE III.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" still continues to rise proportionally, and was three-quarters of the total death rate of the Borough for 1961. The cancer rate has dropped to one-tenth, but including one death from lung cancer (a woman who was a very heavy smoker) It is pleasing to note the "nil" rates from Tuberculosis and motor vehicle accidents. The "Road Safety Committee" operating in Wilton, with representatives on it from the Borough Council, continues to work hard, and I believe that its work is really beneficial.

ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to "grouping" the causes of death together into "families" or "types" of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this Borough into seven such groups, labelled "A" to "G", as set out on Table IV.

TABLE IV. ANALYSIS OF CAUSES OF DEATH									
Group A—Certain Communicable Diseases									
						Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory				.. ..	0	0	0	0
2.	Tuberculosis—Other				.. ..	0	0	0	0
3.	Syphilitic Disease				.. ..	0	0	0	0
4.	Diphtheria				.. ..	0	0	0	0
5.	Whooping Cough				.. ..	0	0	0	0
6.	Meningococcal Infections				.. ..	0	0	0	0
7.	Poliomyelitis				.. ..	0	0	0	0
8.	Measles				.. ..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)				.. ..	0	0	0	0
Total Group A						0	0	0	0



Group B—Cancer and related malignant diseases					Male	Female	Total	Rate per 1,000
10.	Malignant Neoplasm—Stomach	..	..	..	0	0	0	
11.	—Lung or Bronchus	..	..	..	0	1	1	0·3
12.	—Breast	..	..	..	0	1	1	0·3
13.	—Uterus	..	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	1	0	1	0·3
15.	Leukaemia or Aluekaemia	..	..	..	0	0	0	
Total Group B					1	2	3	0·8
Group C—16 Diabetes					0	0	0	0·0
Group D—Heart and other Diseases of Circulatory System								
17.	Vascular Lesions of Nervous System	..	..	..	3	3	6	1·6
18.	Coronary Disease or Angina	..	..	..	2	4	6	1·6
19.	Hypertension with Heart Disease	..	..	..	1	1	2	
20.	Other Heart Diseases	..	..	..	2	3	5	
21.	Other Circulatory Diseases	..	..	..	2	3	5	
Total Group D					10	14	24	6·2
Group E—Respiratory Diseases (other than tuberculosis)								
22.	Influenza	..	..	..	0	1	1	
23.	Pneumonia	..	..	..	0	1	1	
24.	Bronchitis	..	..	..	2	0	2	
25.	Other Diseases of Respiratory System	..	..	..	0	0	0	
Total Group E					2	2	4	1·0
Group F—(Miscellaneous)								
26.	Ulcer of Stomach and Duodenum	..	..	..	0	0	0	
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	0	0	0	
28.	Nephritis and Nephrosis	..	..	..	0	0	0	
29.	Hyperplasia of prostate	..	..	..	0	0	0	
30.	Pregnancy, Childbirth, Abortion	..	..	..	0	0	0	
31.	Congenital Malformation	..	..	..	0	0	0	
32.	Other Defined and Ill-Defined Diseases	..	..	..	1	2	3	
Total Group F					1	2	3	0·8

Group G—Accidents and Violence					Male	Female	Total	Rate per 1,000
33. Motor Vehicle Accidents	..	..	..	..	0	0	0	
34. All other Accidents	..	..	..	..	0	0	0	
35. Suicide	..	..	..	..	0	0	0	
36. Homicide and operations of War	..	..	..	..	0	0	0	
Total Group G					0	0	0	0.00
37. All Causes	..	..	..	..	15	17	32	8.3

**Comment :** As usual, diseases of the Heart and Circulatory System are the chief cause of endemic mortality in the Borough — the specific mortality rate for these conditions at 6.2 per 1,000 being three-quarters of the total mortality rate of 8.3. Cancer, at about a fifth (2.3 per 1,000) is second, and respiratory diseases (Bronchitis, Influenza and Pneumonia) third with 1.4 per 1000.

It must now be appreciated that, as a cause of endemic and epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of “infectious disease” as prime epidemic culprits. Public Health workers have now to tackle this great trio of killers with the same energy as they have dealt with the now weakening group of “communicable” diseases. The effort to persuade people to reduce tobacco smoking is one example of modern epidemiology in the public health service. Prevention of ischaemic (e.g. “coronary”) cardiac disease, by avoiding obesity, taking more exercise, cutting down on animal fatty food, and avoiding smoking is another.

## LUNG CANCER AND TOBACCO.

In 1957 I submitted a special report on Lung Cancer and Tobacco Smoking, and I referred to this, and a table of statistics for Wiltshire, prepared by the County M.O.H., Dr. C. D. L. Lycett, in my Annual Report. What was said then still stands, with further evidence to support it.

In 1957 I began the practice of following up every death in which a primary (but not a secondary) cancer of a bronchus (one of the larger air tubes in the lung) is mentioned on the death certificate, which reaches me in due course. The nearest relative (usually the widow) has been visited and her co-operation sought (and invariably most readily given) in ascertaining the victim's former smoking habits. Up to date (December 31st, 1961) out of †62 cases investigated, 34 have been very heavy smokers, 21 moderate smokers of cigarettes, 2 pipe smokers, and five have been non-smokers.

A parallel, shorter, investigation of people dying of Coronary Thrombosis showed that during the period January, 1951, to December 31st, 1958, out of 123 people who died from coronary thrombosis, relatives of 45 were visited; of the dead people, only four were heavy smokers, 16 moderate smokers, five smoked pipes only, and 20 were non-smokers. Although the investigation is still continuing, and it is hoped that statistically significant numbers will be eventually investigated, results up to the end of 1961 showed that many of those who died from lung cancer were heavy smokers, but only a few of those who died from coronary thrombosis, and who were investigated, were heavy smokers, nearly half being non-smokers.

†The figures apply to my triple Combined M.O.H. District, not to the Borough alone.



Here is an opportunity, the greatest since the introduction of Diphtheria Immunization, for Preventive Medicine to save lives and to reduce the physical and mental stress to the sufferers from lung cancer and also from bronchitis, and to those who have to bear their chronic coughing and hawking in their homes and work places. The loss to the family budget of about £80 a year for every 20 cigarettes smoked daily is another factor of great public health importance.

COMMUNICABLE DISEASES.

A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the “pointers” towards health of the community. “Artificial” immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established and, so far, most proven successful and lasting, artifical immunisations are those against small pox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the “Family Doctors” under the National Health Service, for the County Council, Diphtheria and Whooping Cough immunisations either by the “Family Doctors” or by the County Council’s Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older Tuberculin negative school children through the County Medical Officer, and to selected other cases (usually contacts of cases of Tuberculosis) by N.H.S. Chest Physicians. In this area all the immunisations are still carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation continued on an increasing scale. Facilities for this are now available for all up to 40 years old and for pregnant women of any age. “Oral” poliomyelitis vaccine will be introduced in 1962.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against small pox, diphtheria, tetanus, whooping cough and poliomyelitis in Wilton.

TABLE V. IMMUNISATION STATISTICS

A. B. and C.—Diphtheria, Whooping Cough, and Tetanus.

Primary Immunisations completed during the year—	Diphtheria	...	52
	Whooping Cough		52
	Tetanus	...	67
Reinforcement Injections administered during the year—	Diphtheria	...	50
	Whooping Cough		19
	Tetanus	...	44

D.—Small Pox

Age Group	Under 1	1	2-4	5-14	15 or over	Total
Vaccinations	34	4	1	0	2	41
Re-vaccinations	0	0	0	6	6	12

### E.—Poliomyelitis.

Parenteral Administration—Immunised with 2 Injections	113
3 Injections	146
4 Injections	186
Oral Administration—Nil during 1961	

**Table V** shows a rather poor position for small pox immunisations (so called “Vaccinations”) for 36 children under one year were immunised, but the total immunisations and re-immunisations added together for all other ages, only amounted to another 19. This is worse than last year. In these times, when the speed of air travel allows people infected with small pox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against small pox in this Borough is disturbing. It could be less so if the same requirements in regard to immunisation against small pox, before making the journey, as apply before entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics for this work are not at present available for the Borough.

**Tuberculosis.** Partial protection is available for older school children and child contacts of Tuberculosis by “B.C.G.” immunisation against Tuberculosis.

**Poliomyelitis Immunisation.** Although much poliomyelitis immunisation was available throughout the year, the response of the public in the Borough has not been very encouraging, only 113 people of all ages having, by the end of the year, received two injections, 146 three, and 186 the desirable four. Sabin Oral Vaccine is expected to replace Salk Vaccine, but was not started in Wilton until early in 1962.

### B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily “notifiable”, under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VI.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year, but for Wilton it will be seen that apart from one case of (mild) “food poisoning” all the rest of the notified cases were measles.



TABLE VI. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						(sub)	(main disease)	Group Total
<b>1. Tuberculosis</b>								
(a)	Respiratory	..	..	..	..	0		
(b)	Meninges and nervous system	..	..	..	..	0		
(c)	Other Forms	..	..	..	..	0		
(d)	Total	..	..	..	..		0	0
<b>2. Other Respiratory Notifiable Diseases</b>								
(a)	Whooping Cough	..	..	..	..		0	
(b)	Pneumonia, Acute	..	..	..	..		0	
(c)	Group Total	..	..	..	..			0
<b>3. Diphtheria</b>								
	..	..	..	..	..	0	0	0
<b>4. Meningococcal Infection</b>								
	..	..	..	..	..	0	0	0
<b>5. Virus Diseases of Nervous System</b>								
(a)	Poliomyelitis—Paralytic	..	..	..	..	0		
(b)	Poliomyelitis—Non Paralytic	..	..	..	..	0		
(c)	Total	..	..	..	..	0	0	
(d)	Encephalitis—Infective	..	..	..	..	0		
(e)	—(Post Infectious)	..	..	..	..	0		
(f)	Total	..	..	..	..		0	
(g)	Group Total	..	..	..	..			0
<b>6. Other Notifiable Virus Diseases</b>								
(a)	Measles (excluding Rubella)	..	..	..	..		101	
(b)	Small Pox	..	..	..	..		0	
(c)	Group Total	..	..	..	..			101
<b>7. Alimentary Infections or Poisons</b>								
(a)	Dysentery—Bacterial	..	..	..	..	0		
(b)	—Other	..	..	..	..	0		
(c)	Total	..	..	..	..		0	
(d)	Typhoid Fever	..	..	..	..	0	0	
(e)	Paratyphoid Fever	..	..	..	..	0	0	
(f)	Food Poisoning (see Table VIa)	..	..	..	..	0	1	
(g)	Group Total	..	..	..	..			1
<b>8. Streptococcal Group</b>								
(a)	Scarlet Fever	..	..	..	..	0		
(b)	Erysipelas	..	..	..	..	0		
(c)	Group Total	..	..	..	..			0
<b>9. Miscellaneous Groups</b>								
(a)	Puerperal Pyrexia	..	..	..	..	0		
(b)	Ophthalmia Neonatorum	..	..	..	..	0		
(c)	Other Notifiable Diseases	..	..	..	..	0		
(d)	Group Total	..	..	..	..			0
<b>10. All "Notifiable Diseases" Total</b>								<u>102</u>

*Footnote* — It is important to note that certain common communicable diseases such as influenza and mumps are not generally “Notifiable” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of pneumonia, or of whooping cough, for example, may occur but not be notified.

#### TABLE VIA—FOOD POISONING.

This table is omitted for 1961 as there was only one case notified, or otherwise discovered. The one case of food poisoning was a child in an Army Married Quarter at Southern Command. He was infected with Salmonella Jena, and was admitted to Tidworth Military Hospital for treatment.

#### PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other “personal” health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the “Care and after-care” service, which is largely concerned with tuberculous people, their families and other contacts.

Your Medical Officer of Health spends nearly half his time working also for the County Council, principally with the School Health Service, also at the Child Health Clinics (including those in Wilton and Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinic is now conducted in the Town Hall, with the M.O.H. and Wilton Health Visitor in attendance, plus the very kind help of a number of voluntary workers of whom Mrs. G. L. Lush, Mrs. Sharman and Mrs. Skin are very regularly present. Without their help it would be impossible for one health visitor to control this busy clinic; as it is, two are really needed, and I have advised the County M.O.H. accordingly.

For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

#### HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire County Council, examines and advises on such children, of which mentally handicapped ones are much the most numerous.

#### SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

During the year further recommendations were made for certain improvements at the Secondary Modern Schools. But the year saw the beginning of extensive alterations and enlargement of this big school.



## HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, only one came to my attention during the year, and no official action under the National Assistance Acts was needed.

## Environmental Public Health, and Food.

As stated in previous reports this is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, quality of water supply, (which should include the necessary mineral impurities required for providing health), safe and not wasteful disposal of human body wastes (drainage sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, rodents and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Public Health Inspector, Mr. W. E. Ramm, which is incorporated in this Annual Report. Comments on the following matters are however made in this section of the Report.

### A. Housing

My general observations made in previous Reports concerning the grave adverse effect of bad housing, or lack of housing, upon mental and physical health still apply and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December there were 110 applications on the waiting list, 10 more than the 100 waiting at the end of the previous year.

The Council have continued making Discretionary "Improvement Grants" for the improvement of sub-standard houses, under the Housing Act, 1949, and the Housing (Financial Provisions) Act, 1959. Three applications for Discretionary "Improvement Grants" were received, and all three were approved. These involved four dwellings. This is a valuable method of preventing the loss of saveable property through slum clearance, and saves some expense in the provision of new Council Houses or Apartments. In addition three "Standard" Grants for lesser improvements (but including such important items as Bathrooms and Food Stores) were made during the year.

In my Report of 1956 I wrote emphatically advocating the policy of "building upwards" in tall many-storey blocks of flats, high enough to justify the cost of mechanical elevators.



Such buildings can be beautiful. If well designed they can be better to look at than a motley collection of small houses, and they reach up to the sun, fresh air, and to a view.

The Borough made a good start in 1956 towards the policy of building upwards by the erection of Churchill Court Flats, but I would like again to suggest a block of eleven or more stories, eleven being the minimum to make the provision of elevators economical. With such a block the Council could soon eliminate their waiting list of applicants, and with say six flats on each floor provide upwards of 55 good apartments in one of these tall buildings.

With every increase of one- or two-storied housing development there is a corresponding encroachment on Great Britain's relatively small proportion of agricultural land. It is hoped that this matter will be regarded in a national, if not in an international, light, and I again hope that this Council will set an example by adopting a policy of "building upwards." Costs, however, are a serious problem in modern housing, especially in such an area as this, where building costs are as high as in some industrial areas, where the level of earnings, with overtime, may be substantially higher than here, so that people in this area may have difficulty in finding the money for rent, and may have insufficient to buy enough of the right sort of foods, clothes, etc., and therefore become involved in the mental stress of indebtedness-

## **B. Water Supply**

The Borough's water supply, from the prolific well source at Water Ditchampton and borehole at Bulbridge, has been of consistently good quality, except for low fluoride content, and during the year was only given minimum chlorination. The fluoride content of the water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, is also being studied, and the water is being sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one-tenth of the desirable amount. Last year I considered that the time has now come when I must advise the Council to consider enriching the water by adding some fluoride salt to the waters at their sources before distribution for drinking, but on the Council seeking the comments of the Ministry, the Council decided to defer further consideration until a more positive lead is given by the Central Government. It is hoped that this will be forthcoming after the report on the five year experience of the three "Fluoridation Demonstration Areas" (Watford, Kilmarnock and Anglesey) has been published in 1962.

## **C. Sewerage**

As reported last year the condition of some of the Borough's old sewers is still poor. Sub-soil water still enters (though in reduced volume) and greatly swells the volume of sewage, causing dismay at the Salisbury City Sewage Works, which receive and treat the sewage. However, new Salisbury Sewage Disposal Scheme has been started, and when completed be better able to cope with Wilton's very weak and watery sewage.

## **D. Food Hygiene.**

Work continues in connection with the Food Hygiene Regulations, 1955, to improve standards of accommodation and equipment, and the conduct of food-handling personnel, in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving drinks only), nursing homes, hospitals (none in the Borough) and schools serving meals. They have already provided some impetus to more hygienic preparation and serving of food, dish and utensil washing, but need considerable time from the Staff to supervise.

E. Home Safety.

During the year the Home Safety Committee have continued to hold monthly meetings and have sent representatives to the West of England Home Safety Federation meetings. In November a successful "Home Safety Quiz" Panel, organised by the Committee, continued the work with outside visits to Barford St. Martin and Tollard Royal Women's Institutes as well as in the Borough.

F. Recreation.

The Playing Field Pavilion, completed in 1957, is still much appreciated and should be a great health asset to the Borough. As advised in my report for 1955, a swimming pool would be an asset to health and amenity, and it is hoped that it may be possible to provide one, perhaps by using a stretch of the river Wylfe beside the Playing Field. In hot weather pools and hatch holes in the Rivers Wylfe and Nadder near the Borough are extensively used for bathing. Some of these are quite dangerous to non-swimmers. But it would be a pity to suggest a curtailment of this healthy recreation. Far better to have the children taught to swim properly. Swimming practice facilities are very lacking in the district, the Municipal swimming pool in Salisbury being the only place for tuition, so far as I am aware. This is quite inadequate. The only other artificial swimming pool available in the area is about fifteen miles west of the Borough, at the Pyt House Country Club, between Tisbury and East Knoyle, but a new swimming pool is being constructed in the grounds of Dunworth Secondary Modern School, Tisbury, opened during the year.

G. Factories.

Prescribed Particulars on the Administration of the FACTORIES ACT, 1937

Part 1 of the Act.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	2	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	20	10	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	36	36	—	—
Total .. .. .	58	48	—	—



2. Cases in which DEFECTS were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted	
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector		
Want of cleanliness (S1) ..	—	—	—	—		—
Overcrowding (S2) ..	—	—	—	—		—
Inadequate Ventilation (S4)	—	—	—	—		—
Ineffective drainage of floors (S6) .. ..	—	—	—	—		—
Sanitary Conveniences (S7):						
(a) Insufficient ..	—	—	—	—		—
(b) Unsuitable or defective .. ..	—	—	—	—		—
(c) Not separate for sexes	—	—	—	—		—
Other offences against the Act	—	—	—	—		—
Total .. ..	Nil	Nil	Nil	Nil		Nil

OUTWORK.

Part VIII of the Act

(Sections 110 and 111).

Nature of Work	No. of outworkers in August list required by Section 110 (1)(c)(2)	No. of cases of de-fault in sending lists to Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-whole-some premises	Notices served	Prosecutions
(See list below)	—	—	—	—	—	—

Wearing apparel, making, etc., cleaning and washing. Household linen. Lace, lace curtains and nets. Curtains and furniture hangings. Furniture and upholstery. Electro-plate. File making. Brass and brass articles. Fur pulling. Iron and steel cables and chairs. Iron and steel anchors and grapnels. Cart gear. Locks, latches and keys. Umbrellas, etc. Tents sack, artificial flowers. Nets other than wire nets, racquet and tennis balls. Paper bags. The making of boxes or other receptacles or parts thereof made wholly or partially of paper. Brush making. Pea picking. Feather sorting. Carding etc., or buttons etc. Stuffed toys. Basket making. Chocolate and sweetmeats. Cosaques Christmas stockings. Textile weaving.

I am glad to report that considerable extension and modernisation is in progress at the Felt Mills.

F. JOHN G. LISHMAN,  
18th May, 1962.



# ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1961.

Herewith my Annual Public Health Inspector's Report. I set out below a summary of my activities and the main incidents affecting the Public Health Department of my work.

## 1. STATISTICS WITH REGARD TO VISITS AND INSPECTIONS MADE DURING 1961.

Highways .. .. .	94	Municipal Buildings .. .. .	22
Petroleum Storage and Installations	12	Cemetery .. .. .	17
Playing Field and Recreation Ground	91	Fairfield .. .. .	22
Council Houses .. .. .	174	Sewers .. .. .	40
Building Byelaws and Town Planning	483	Infectious Diseases .. .. .	2
Public Health Acts .. .. .	42	Milk .. .. .	6
Pest Control .. .. .	3	Water Undertaking .. .. .	36
Food and Drugs Act .. .. .	9	Factories .. .. .	10
Housing Acts .. .. .	49	Other Visits .. .. .	60

*Note :* This summary is not specific to the work as Public Health Inspector, but includes work as Borough Surveyor.

## 2. ACTION TAKEN UNDER ACTS OF PARLIAMENT AND REGULATIONS, ETC., MADE THEREUNDER.

### (a) Public Health Acts.

Informal Notices served .. .. .	3
Informal Notices complied with .. .. .	Nil
Statutory Notices served .. .. .	Nil
Statutory Notices complied with .. .. .	Nil

### (b) Housing Acts.

Informal Notices served .. .. .	Nil
Informal Notices complied with .. .. .	Nil
Statutory Notices served .. .. .	Nil
Statutory Notices complied with .. .. .	Nil

### (c) Food and Drugs Acts Regulations.

Informal Notices served .. .. .	Nil
Informal Notices complied with .. .. .	Nil

### (d) Factories Acts and Regulations.

Informal Notices served .. .. .	Nil
Informal Notices complied with .. .. .	Nil
Statutory Notices served .. .. .	Nil
Statutory Notices complied with .. .. .	Nil

### 3. WATER UNDERTAKING.

The pumping stations have functioned satisfactorily during the year,

A total of 44 water samples was submitted for bacteriological examination during the year. The results have been as follows :—

Satisfactory	42
Suspicious	2
Unsatisfactory	—

Suspicious samples were retaken.

### 4. SEWERAGE.

No surcharging of foul sewers has been observed so far during the year excepting that reported upon in my 1960 report. It is probable however that some surcharging has taken place but has been insufficient to cause trouble.

An additional manhole is to be installed on the Warminster Road Sewer.

### 5. REFUSE COLLECTION.

The Refuse Service has worked very well during the year with only the usual complaints.

### 6. RODENT AND PEST CONTROL.

The work carried out by the Rodent Operator is as follows :—

#### Survey Only.

Domestic premises	..	630
Business premises	..	66
Farm premises	..	8
Council Properties	..	23

#### Treatments.

		Council Properties	Domestic	Business	Farms
(a) On complaint	..	Nil	20	6	Nil
(b) After survey	..	1	13	1	Nil
<b>Total Treatments</b>		1	33	7	Nil
<b>Total Visits and Treatments</b>		24	663	73	8

Test baiting of sewers was carried out in February, 1961, and no takes were recorded in all cases.

### 7. FOOD AND FOOD PREMISES.

#### a. Food condemned during the year :—

12 lb Corned Beef, 4 lb Brawn, 12 lb Topside Beef.

## b. List of Food Premises.

General Stores	..	..	8	Bakehouses	..	..	2
Butchers Shops	..	..	3	Fish and Chip Shops	..	..	1
Cafes	..	..	4	Public Houses, Inns, Hotels, Wine	..	..	8
Greengrocers	..	..	2	Merchants	..	..	
Pharmacies	..	..	1				

## 8. MILK AND DAIRIES Acts and Regulations.

Certain functions under the Milk Special Designation Regulations, 1960, have been delegated to the Borough Council by the County Council and the former once more become responsible for licencing Dealers in Special Designated Milk and for sampling for the Statutory Tests.

Two licences have been issued by the Council under this scheme authorising the use of the Special Designation "Tuberculin Tested Pasturised," in relation to milk sold by Dealers.

Two samples were taken for test in the Quarter ending 31st December, 1961, and proved satisfactory.

## 9. ICE-CREAM PREMISES.

The number of premises registered for the sale of ice-cream is 17.

## 10. FACTORIES.

Number of Factories with Power	..	20
Number of Factories without Power	..	2

## 11. HOUSING.

Existing Dwellings (all types and conditions)

(a) Total number of permanent dwellings in the Borough	..	..	1063
(b) Total number of temporary dwellings in the Borough (i.e. prefabricated dwellings)	..	..	10

## 12. COUNCIL HOUSES.

(a) Council owned dwellings, permanent and temporary	..	..	308
(b) Corporate property dwellings	..	..	2
(c) Council dwellings built during 1961	..	..	Nil
(d) Council dwellings under construction at 31st December, 1961	..	..	Nil

## 13. PRIVATE DEVELOPMENT.

(a) Private dwellings built and completed during 1961	..	..	31
(b) Private dwellings under construction at 31st December, 1961	..	..	5

Of these, 25 of the private dwellings built during 1961 were on the Bulbridge Estate.



#### 14. UNFIT DWELLINGS.

(a)	Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish .. .. .	7
(b)	Demolition Orders served in respect of individual houses unfit for human habitation under Section 17 of the Housing Act, 1957 .. ..	Nil
(c)	Closing Orders made in respect of individual houses unfit for human habitation (Section 17 Housing Act, 1959) .. ..	Nil
(d)	Houses closed as a result of undertakings from owners .. ..	Nil
(e)	Undertakings to render houses fit accepted from owners .. ..	Nil
(f)	Number of houses rendered fit after action to close or demolish and undertakings rescinded .. .. .	1
(g)	Number of houses included in Clearance Areas for which:—	
	(i) Clearance Orders have been made .. .. .	Nil
	(ii) Clearance Orders still to be made .. .. .	Nil
	(iii) Compulsory Purchase Order made .. .. .	Nil
	(iv) Purchased by agreement .. .. .	Nil
(h)	Number of houses in Clearance Areas patched for temporary accommodation under Section 53, Housing Act, 1957 (Local Authority owned)	Nil
(i)	Number of Houses in Clearance Area licenced for temporary accommodation under Section 53, Housing Act, 1957 (Private owned houses)	Nil
(j)	Number of unfit houses demolished under Section 17 Housing Act, 1957	Nil
(k)	Number of unfit houses demolished under Section 42 Housing Act, 1957	Nil
(l)	Number of temporary dwellings demolished (not included above) ..	Nil

#### 15. IMPROVEMENT GRANTS.

(a)	Applications for Standard Grants .. .. .	3
(b)	Standard Grants Approved .. .. .	3
(c)	Number of dwellings involved in Standard Grants .. .. .	3
(d)	Total value of Standard Grants not exceeding .. .. .	£292 14s. 0d.
(e)	Applications for Discretionary Grants .. .. .	3
(f)	Discretionary Grants Approved .. .. .	3
(g)	Number of dwellings involved in Discretionary Grants .. .. .	4
(h)	Total value of Discretionary Grants .. .. .	£686 14s. 3d.

W. E. RAMM,  
*Public Health Inspector.*











